

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/25/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>15K066</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/24/2014</b>	
NAME OF PROVIDER OR SUPPLIER  <b>LIFE CARE MEDICAL SOLUTIONS INC</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>25 ARTIST DRIVE</b> <b>NASHVILLE, IN 47448</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{G 000}	<p>INITIAL COMMENTS</p> <p>This was a revisit for the Federal recertification survey completed on 3/17/2014 that resulted in an extended survey.</p> <p>Survey Date: 04/24/14</p> <p>Facility #: 012412</p> <p>Medicaid Vendor #: 201013320</p> <p>Surveyor: Shannon Pietraszewski, RN, PHNS</p> <p>Two (2) conditions and 14 standards were found to be corrected as a result of this survey.</p> <p>Life Care Medical Solutions, Inc. is precluded from providing its own home health aide training and/or competency evaluation program for a period of two (2) years starting 3/25/14 due to being found out of compliance with Conditions of Participation 42 CFR 484.18 Acceptance of patients, plan of care and medical supervision and 484.30 Skilled Nursing Services.</p> <p>Current Census: 75</p> <p>Life Care Medical Solutions is in compliance with the Conditions of Participation 42 CFR Part 484.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN April 25, 2014</p>			{G 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.